

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26828

1. PLACE OF DEATH

County Johnson Registration District No. 420
Township Washington Primary Registration District No. 5584
City Newton (No. 1) St. Mo. Ward

File No. 12
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
2. COLOR OR RACE wh
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
4. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. S. Rowland
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1861
6. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 20

7. OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME S. Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. NAME Margaret Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) J. B. Rowland
Newton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belton DATE 8-18-1933

19. UNDERTAKER (ADDRESS) J. E. Potter
Newton Mo.

20. FILED 8/18 1933 J. A. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to August 16, 1933.
I last saw her alive on Aug 16, 1933. Death is said to have occurred on the date stated above, at 3:25 A. m.
The principal cause of death and related causes of importance were as follows:
Hepatic Cancer
Date of onset 11/8

Other contributory causes of importance: Hypertension

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. E. Potter M. D.
(Address) Newton Mo.

